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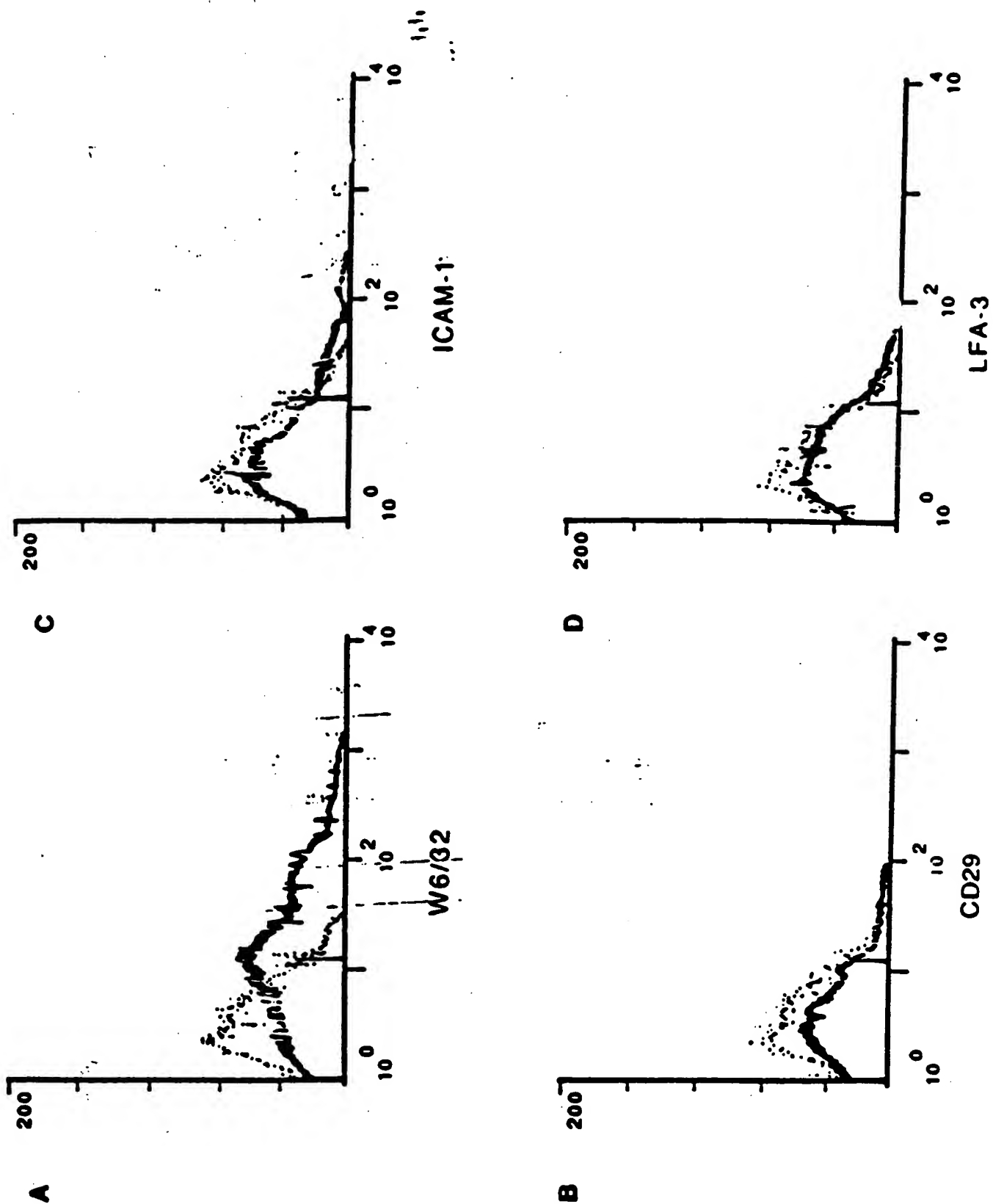


FIGURE 1

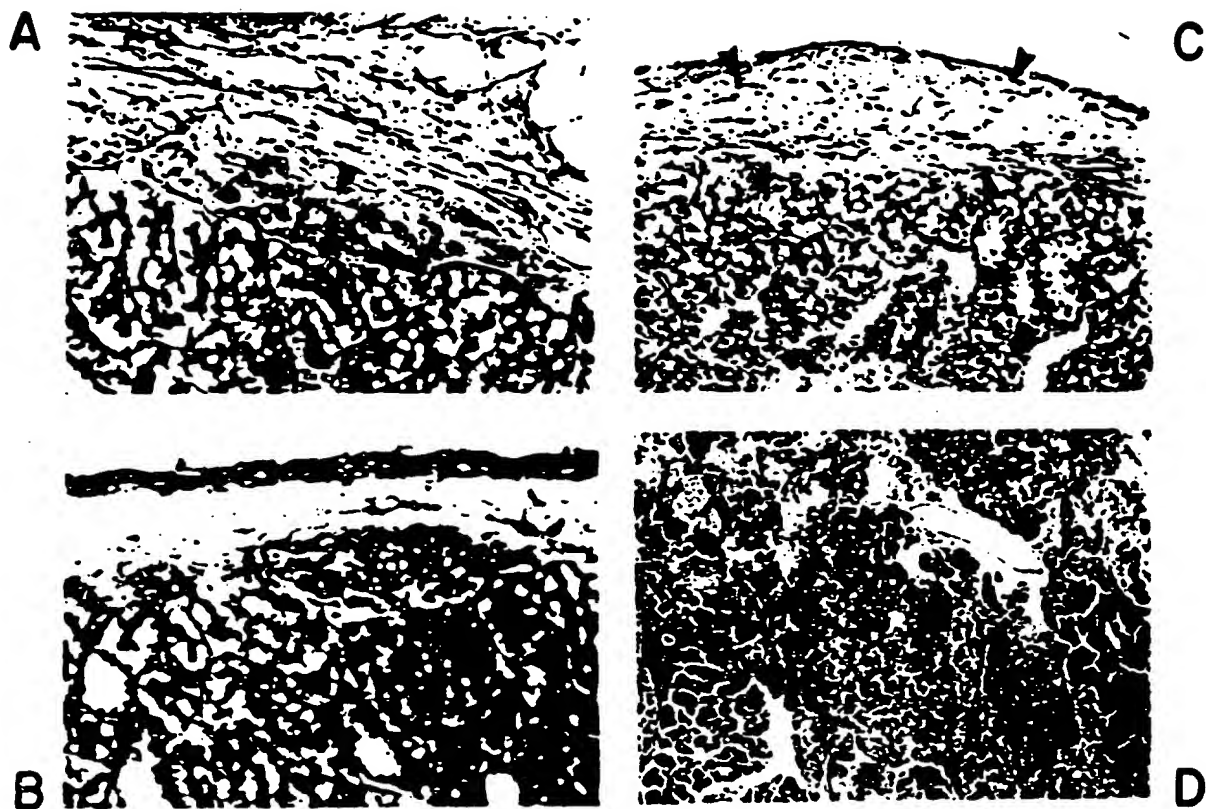


FIG. 2

Table 1: Transplantation outcome of masking of donor human xenografts with HLA class I (W6/32) or CD29 antibodies or F(ab')₂ fragments prior to grafting

Groups	Islet Tissue Treatment ^a	Days S/P Transplantation ^b	ACCEPTED/TOTAL ^c
1	W6/32 F(ab') ₂	30 days	5/5
2	W6/32 F(ab') ₂	200 days	5/5
3	W6/32 Antibody	30 days	0/5
4	W6/32 Antibody	200 days	0/5
5	CD29 F(ab') ₂	30 days	0/5
6	CD29 F(ab') ₂	200 days	0/5
7	CD29 Antibody	30 days	0/5
8	CD29 Antibody	200 days	0/5
9	W6/32 F(ab') ₂ +CD29 F(ab') ₂	30 days	5/5
10	W6/32 F(ab') ₂ +CD29 F(ab') ₂	200 days	5/5
11	None	30 days	0/5
12	None	200 days	0/5

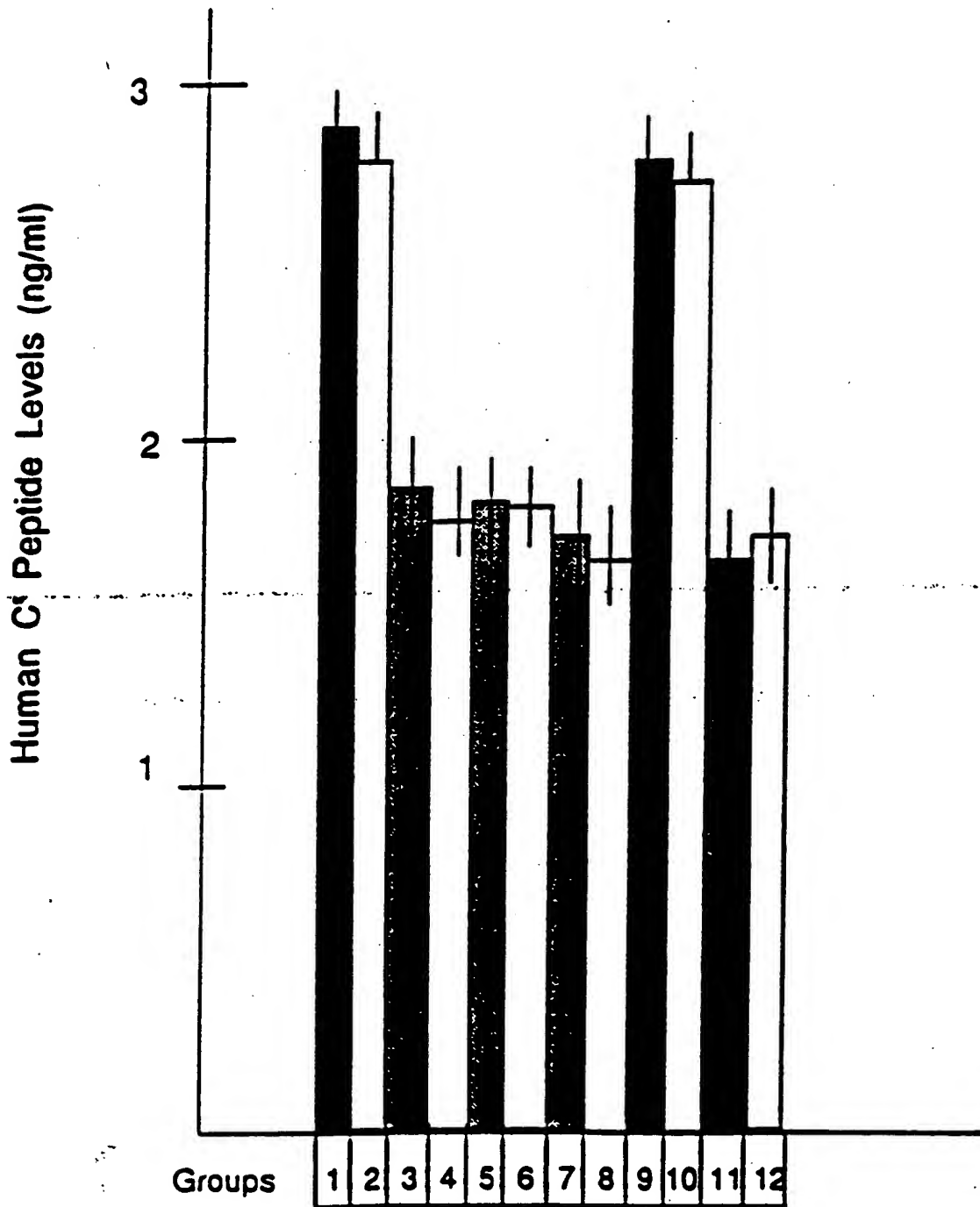
^a Days s/p transplantation represents the number of days after transplantation when BALB/c recipients of donor human islets were sacrificed.

^b Clean human islet preparations express class I antigens but lack CD29 determinants.

^c This ratio represents the number of successful transplants to the number of transplants performed. Islet xenograft survival was evaluated with hexosaminidase and eosin staining for the evaluation of lymphocyte infiltration and aldehyde-fuchsin staining for the detection of beta cells.

Aldehyde-fuchsin stains well granulated beta cells purple; hexosaminidase and eosin stains lymphocytes black. Accepted in this manuscript represents easily located well granulated islets under the kidney capsule lacking lymphocyte foci. Rejection in this manuscript represents a transplant site with large lymphocyte accumulations and/or subcapsular fibrosis without islets.

TABLE 2: Function of Human Islet Xenografts Evaluated by Human C' Peptide Levels



Group 1 W6/32 F(ab')₂, d30
 Group 2 W6/32 F(ab')₂, d200
 Group 3 W6/32 Antibody, d30
 Group 4 W6/32 Antibody, d200
 Group 5 CD29 F(ab')₂, d30
 Group 6 CD29 F(ab')₂, d 200

Group 7 CD29 Antibody, d30
 Group 8 CD29 Antibody, d200
 Group 9 W6/32+CD29 F(ab')₂, d30
 Group 10 W6/32 + CD29 F(ab')₂, d200
 Group 11 No treatment, d30
 Group 12 No treatment, d200

TABLE 3 Transplantation of RIN Insulinoma cells into nonimmunosuppressed BABL/c recipients.

DONOR RIN TREATMENT	HISTOLOGIC RESULTS AT AUTOPSY
None	All 4 mice lack RIN cells at 1, 2, 3, and 4 months with the transplant site demonstrating subcapsular fibrosis.
Anti-RIN Antibody	All 4 mice lack RIN cells at 1, 2, 3, and 4 months with the transplant site demonstrating subcapsular fibrosis.
Anti-H1N F(ab') ₂ fragments	All 4 mice demonstrate RIN cell survival at serial autopsy times of 1, 2, 3, and 4 months after transplantation. Slight but consistent lymphocytic infiltrates are visible at the transplant site